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## BIB DATA SHEET

CONFIRMATION NO. 7873

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/790,669	03/01/2004	606	3731	5838-01801
<b>APPLICANTS</b> Mitta Suresh, Richardson, TX; Albert Davis, Richardson, TX; Gregory Murphy, Annandale, VA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/235,295 09/05/2002 which claims benefit of 60/317,197 09/05/2001 and claims benefit of 60/327,221 10/05/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/20/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/AMY T LANG/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>ATL</u> Initials	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWINGS</b> 31	<b>TOTAL CLAIMS</b> 6
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C. P.O. BOX 398 AUSTIN, TX 78767-0398 UNITED STATES				
<b>TITLE</b> Method and device for percutaneous surgical ventricular repair				
<b>FILING FEE RECEIVED</b> 687	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	